



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): James M. Murduck

Application No.: 10/670,101

Filed: September 24, 2003

For: Al/AlO_x/Al RESISTOR PROCESS FOR

INTEGRATED CIRCUITS

Group Art Unit: 2815

Examiner: Wojciechowicz, Edward J.

Customer No.: 27160

Confirmation No.: 8150

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date.

11-12-04

Data

RESPONSE TO RESTRICTION REQUIREMENT TRANSMITTAL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. () A paper requesting correction/substitution of drawings is attached.

2. Fee for Claims

(X) No additional fee is required.

The fee for additional claims in accordance with 37 C.F.R. §1.16(b)-(d) has been calculated as shown below:

				SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid for	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total	12	Minus		x 9		x 18	
Indep.	2	Minus		x 42		x 84	
Fee for Multiple Dependent Claims				+140		+280	
		TO	OTAL ADDITIO	NAL FEES		OR	

	3.	Method of Payment of Fees					
	()	Enclosed is our firm check in the amount of: \$					
	()	Charge \$ to Deposit Account No. 50-1214.					
4.	(X)	The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1214. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1214. This sheet is filed in duplicate.					
		Respectfully Submitted,					
	(Date)	By: Sommer Survey Sommer Survey Surv					
		KATTEN MUCHIN ZAVIS ROSENMAN 525 West Monroe Street, Suite 1900 Chicago, Illinois 60661-3693 (Direct) Phone No. (312) 902-5200 (Direct) Fax No. (312) 577-4532					



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11-12-04 Date Janelle a. Reitz

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks are reflected on page 5 of this paper.